

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 48 | 2/2/01 |
| FORMALITY REVIEW | Zm | 927 | 04/05/01 |
| RESPONSE FORMALITY REVIEW | | | |

09-754041

INDEX OF CLAIMS

..... Rejected N Non-elected
 Allowed I Interference
 (Through numeral) ... Canceled A Appeal
 Restricted O Objected

| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

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If more than 150 claims or 10 actions
staple additional sheet here

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4-5
10-5-4